



DEPARTMENT OF THE NAVY
NAVAL MEDICAL COMMAND
WASHINGTON, D.C. 20372-5120

IN REPLY REFER TO

NAVMEDCOMINST 6320.19
MEDCOM-331
11 Dec 86

NAVMEDCOM INSTRUCTION 6320.19

From: Commander, Naval Medical Command
To: Stations Having Medical Personnel

Subj: ESTABLISHING PROCEDURES FOR MEDICAL COGNIZANCE OF AIR EVAC-
UATION PATIENTS

Ref: (a) OPNAVINST 4630.9C
(b) NAVMED P-5115
(c) NAVMED P-5127
(d) NAVMEDCOMINST 4650.2
(e) NAVCOMPTMAN 075183

Encl: (1) Aeromedical Evacuation - Patient Information
(2) MAC Form 206, Patient Transfer Information and Reaction
Survey

1. Purpose. To emphasize the necessity of assisting beneficiaries and their families when a patient is scheduled to use the aeromedical evacuation (MEDEVAC) system.

2. Background. With increasing regularity, patients and family members in the MEDEVAC system are confronted with unexpected delays en route and are arriving at destinations without any arrangements having been made for the patient's or the accompanying family member's accommodations. In the past, "MEDEVAC interviews" with patients have prevented many such occurrences; future occurrences may also be eliminated through patient and family counseling on MEDEVAC procedures.

3. Action. Each Navy medical treatment facility will establish a program to provide the following services. Contact the Commander, Naval Medical Command, Patient Administration Division, Health Benefits Branch, at Autovon 294-1081 or commercial (202) 653-1081 for any assistance needed.

a. Transferring Facility

(1) When placing patients in the MEDEVAC system ensure that patients and accompanying family members are aware of current MED EVAC information such as that included in enclosures (1) and (2). When appropriate, provide copies of enclosure (1) to patients and responsible family members after reviewing with them the information it contains. As a minimum, information and briefing of patients and family members must include:

(a) General information about the flight - what to bring, scheduled stops en route, remaining overnight at an aeromedical staging facility while en route, estimated travel time, patient precedence for movement or classification per references (a) and (b), etc.

(b) Specific regulations and requirements regarding medications, valuables, and baggage. Consult references (b), (c), and (d) relative to these items.

(c) Transportation arrangements from the facility to the flight line and from the destination flight line to the destination medical treatment facility (MTF).

(d) Food and lodging facilities available in the area of the destination MTF.

(e) Advice to patients that their status may be changed to ambulatory even though they were originally scheduled as inpatients or vice versa. Explain what impact such a change will have on their personal expenses.

1. Every attempt must be made to avoid the necessity of having to change the status of any patient, and especially an unaccompanied patient traveling as an inpatient. Such patients often do not have in their possession personal funds sufficient to cover lodging and food costs caused by such a change in status. When accompanied by a nonmedical attendant, the advance funding of the attendant often is sufficient to "weather" any changes in status and concurrent administrative delays in receipt of appropriate funding.

2. Per reference (e), if a patient's status is changed from inpatient to outpatient, there is a concomitant change in funding. As an outpatient, travel is chargeable to the command providing the temporary additional duty (TAD) orders. This may cause the patient to experience considerable unanticipated out-of-pocket expenses. Therefore, proper classification of all patients should be emphasized to negate possible hardships caused by a change in status after entering the MEDEVAC system.

3. Nonmedical attendants receive advance funding for estimated living expenses based upon the expected duration of attendant duties. Hence, a change in patient status should not cause financial hardship for attendants. However if forewarned, nonmedical attendants may be better prepared to assist a patient whose status is changed.

(f) Helpful traveling hints such as proper clothing and weather expectations. Include advice on personal care items ambulatory patients and family members may require.

(g) Name and telephone number of a personal contact at destination MTF for ambulatory patients and any accompanying family members.

(2) Specific information concerning destination MTF may be obtained by contacting the patient administration department at the destination facility. Major Navy MTFs should have information packets readily available for such requests.

(3) Periodic satisfaction surveys by MTFs transferring in excess of 50 patients per year via the MEDEVAC system to assess the quality of services provided while in the system. Surveys will be accomplished at least annually and include at least 5 percent of the facility's MEDEVAC patients. Ensure that the query includes information whether:

(a) The transferring physician explained the reason for use of the MEDEVAC system.

(b) Patients or responsible family members were adequately counseled concerning all aspects of the trip.

(c) The receiving facility provided all necessary services for comfort and care of patients.

(d) Accepting physicians were aware of referrals before arrival of patients.

(e) Return to the sending facility, if appropriate, was expeditious.

(f) Any patient's (provide numbers) status was changed from inpatient to outpatient or from outpatient to inpatient after entering the MEDEVAC system.

b. Receiving Facility. Navy MTFs receiving MEDEVAC patients and assisting accompanying family members will ensure that they are met by responsible, well trained staff personnel, regardless of the time of their arrival. Staff personnel assigned such duties will provide, as a minimum, the following assistance:

(1) Clinic and appointment information - location of the clinic where appointment is scheduled, time patient should arrive at the clinic, any special rules relative to being provided treatment at that clinic.

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(2) Names and telephone numbers of staff personnel available to provide assistance during and after normal working hours.

(3) Pertinent information concerning the geography of the facility and its surrounding area.

(4) Availability of Government and commercial transportation.

(5) Lodging accommodations - list of choices, current prices/room rates. Provide assistance in making reservations.

(6) Dining facilities - list of choices and current prices.

(7) Change in patient status -

(a) When a patient's status changes from inpatient to outpatient without admission to the receiving facility, the transferring (order writing) authority must be notified immediately, with the patient's command an information addressee. Per reference (e), the order writing authority has responsibility for initiating any accounting adjustments and coordinating modification of orders with the patient's command and the receiving command.

(b) When a patient's status changes from outpatient to inpatient after entering the MEDEVAC system, the notification requirements of subparagraph (a) are applicable in rescinding command funding and initiating Medical Department funding.

(c) Determine the need for financial or other assistance of such patients and pursue avenues to provide the assistance.

(8) Any other special needs as they arise.

4. Forms. Copies of MAC Form 206, Patient Transfer Information and Reaction Survey (Rev. 10-82), are available through the Naval Publications and Forms Center (NAVPUBFORMCEN), 5801 Tabor Ave., Philadelphia, PA 19120-5099. The NAVPUBFORMCEN has a special account with Headquarters, Military Airlift Command, whereby Air Force forms and instructions can be ordered.


J. S. CASSELLS

Stocked:
CO, NAVPUBFORMCEN
5801 Tabor Ave.
Phila., PA 19120-5099

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AEROMEDICAL EVACUATION - PATIENT INFORMATION

1. General. The following information and helpful hints are provided to introduce you to the Aeromedical Evacuation System and assist in preparing you for your upcoming trip.

a. Aircraft and Crew. Your flight will be on a _____ (Name and _____). The crew is made up of _____ (Example: 2 flight type of aircraft) _____ (Example: 2 flight nurses and 3 technicians). The aircraft contains all medical supplies and equipment requested by your physician to make you as comfortable as possible.

b. Schedule. Air evacuation missions are scheduled to arrive at this facility every _____. (Example: Tuesday and Friday). The flight originates at _____. (Example: Scott AFB IL, Rhein-Main AB GE). Before arriving here, the plane may make several stops at other facilities to load and off-load other patients. Arrival and departure times may be changed due to unforeseen circumstances, weather, or emergency pickup of a critically ill patient.

c. Uniform/Clothing Travel Requirements

(1) If you are designated to leave as an ambulatory patient, you must travel in the uniform of the day.

(2) If you are designated to leave as a litter patient, you will be provided hospital pajamas by the ward. (If appropriate, add the following.) The emergency room will transport you on a litter, via ambulance, to the aircraft.

d. Baggage/Carry-on Luggage

(1) Total baggage allowance for patients and non-medical attendants is limited to a maximum of 66 pounds.

(2) All baggage, except carry-on, is stored in the aircraft hold and will not be available to you until you reach your final destination.

(a) This restriction usually poses no problems for patients traveling for very short distances. During winter months, even those patients making short trips may want to pack overnight items in their carry-on luggage.

Enclosure (1)

(b) Patients traveling to distant destinations may stay overnight in an aeromedical staging facility. It is recommended that your carry-on luggage include the following items for possible overnight stay: a change of clothing, nightclothes, and any toilet articles needed. All aeromedical staging facilities, where you may be required to stay overnight, are large enough to serve your medical needs.

(3) A carry-on suitcase must be small enough to fit under the aircraft seat, normally: no larger than 8 1/2 X 12 X 20 inches on a C-9A flight or 12 X 18 X 36 inches on a C-141 flight.

(4) Your baggage will be checked for flammable or explosive material prior to being loaded on the plane.

(5) Do not attempt to bring firearms, ammunition, sports equipment, radios, televisions, or other electronic equipment. Do not carry loose items of clothing.

(6) Prior to boarding the plane, you will be taken into the _____ for an anti-hijacking screen
(Example: Base Operations Building)
of your person.

(7) We recommend that all aerosol cans be placed in a small plastic bag inside your luggage. This will protect your clothing should the aerosol can develop a leak.

e. Meals. Meals are served on board the plane. Serving times may vary due to arrival and departure times. You should try to eat here before departing. Coffee, water, juice, and milk are available aboard the aircraft. Outpatients and attendants must pay for their meals at the staging facility and at the destination MTF.

f. Smoking. The Military Airlift Command has banned smoking on _____ air evacuation missions.
(Type aircraft: C-9A or C-141)

g. Nonmedical Attendants. If medically necessary, as determined by your physician, a nonminor member of your family (or some other appropriate nonminor individual) may accompany you on your trip. You will assure that an assigned nonmedical attendant has sufficient funds to cover expenses involved, bearing in mind that check-cashing facilities en route may be limited or nonexistent. Nonmedical attendants may need to stay in Government quarters, or at a local motel or hotel if provisions cannot be arranged at the receiving MTF. Nonmedical attendants have the same baggage and carry-on luggage limitations as previously stated. Occasionally, a nonmedical attendant may be "bumped from the flight" if patient load requires all available space on the aircraft.

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2. Day of Departure. The day the flight is scheduled to leave, you must report to the _____

(Example: Patient Administration Department)
at _____ hours. All necessary paperwork will be completed, and
(time)

your records will be assembled for your trip. You will be told the time to report for final processing and will be told the mode of travel to the flightline. Active duty personnel will be given their travel orders prior to boarding of aircraft. Once we arrive at the flightline, the flight nurse will take over and direct you on board the aircraft.

3. Day of Your Return. Upon your return, you will be met by the _____, who will take action following

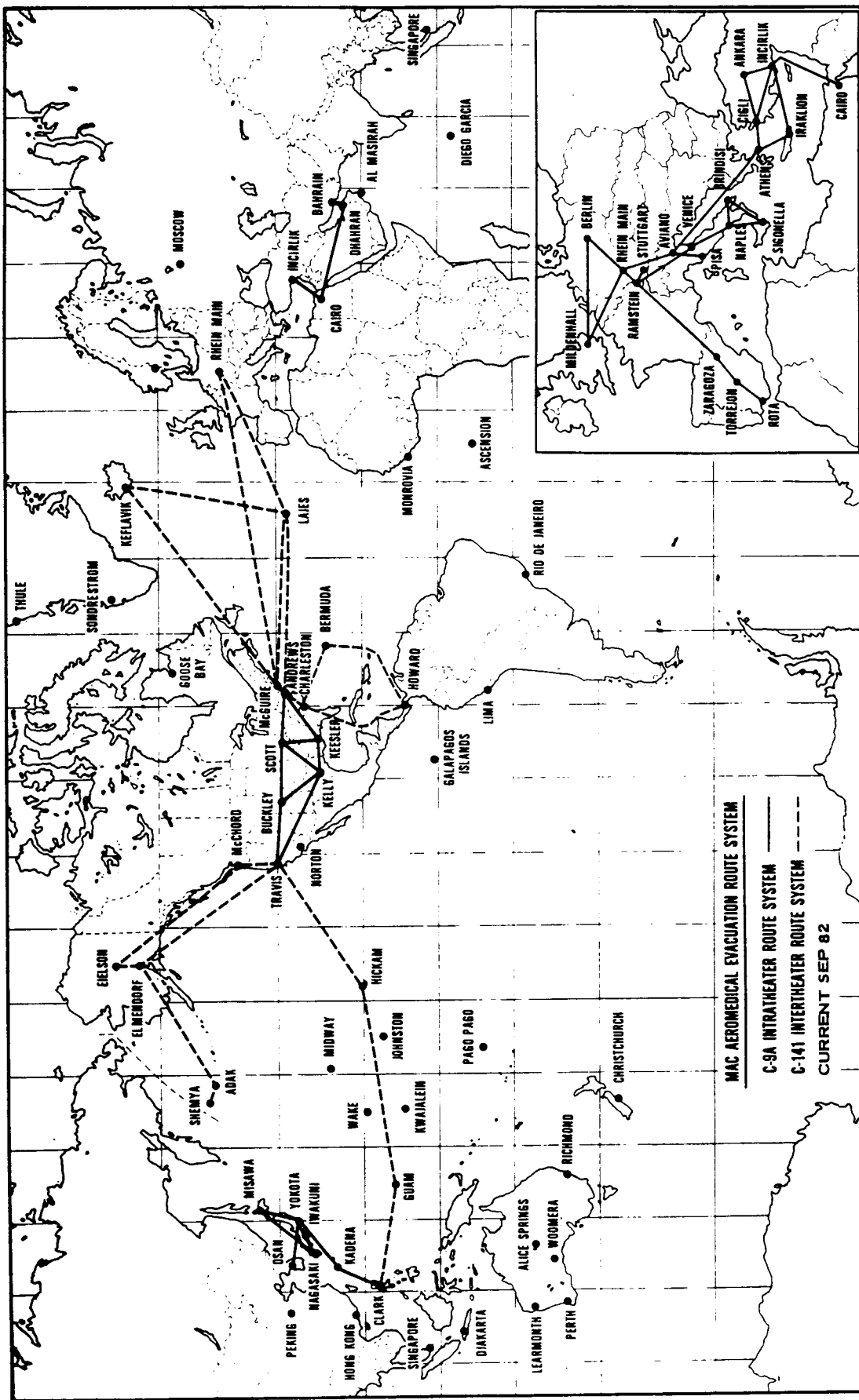
(Example: Air Evac Clerk)
your physician's orders. As a reminder, active duty personnel are required to file a travel voucher within 5 duty days after returning. Also, active duty personnel are required to contact their commanding officer immediately upon return.

4. Objective. Our philosophy is to care for you -- not just in the technical and medical sense, but also as a human being who has special needs. Our primary objective is to continue providing you quality health care with a "caring attitude." Have a safe trip.

PATIENT TRANSFER INFORMATION AND REACTION SURVEY
(THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974. SEE PAGE 11.)



Enclosure (2)



WORLDWIDE C-9A INTRA THEATER AEROMEDICAL EVACUATION SCHEDULE

[illegible]

PACIFIC THEATER

12M3	1282	0800	0901	1283	0715	12M3	0901	1284	0901	1281	0715
RJTY-JAPAN-RJTY	RJTY-JAPAN-KOREA-RODN-RPMB-RPMK			RPMK-RODN-KOREA-RJTY		RJTY-JAPAN-RJTY		KOREA-RPMK		RPMK-RODN-RJTY-RJSM-RJTY	

EUROPEAN THEATER

1074	LTAG-LGIR-LGAT-EDAR EDAF		1073	*10W1 EDAF-LGAT-LTBL-LTAC- LTAG	0800		1073	EDAF-LGAT-LTBL-LTAC- LTAG	0800	
1077	EDAF-LIPA-LGAT-LGIR- LTAG	0800	1076	LTAG-LTAC-LTBL-LGAT- EDAF	0800		1065	EDAF-EDAR-LETO-LERT- LEZG-EDAF	0830	
1051	EDAF-LICZ-LIBR-LIRN- LIPT-EDAR-EDAF	0800	1078		0800		1065	EDAF-EDAR-LETO-LERT- LEZG-EDAF	0830	
1041	EDAF-LIRP-LIPA-EDSF- EDOC-EDAR-EDAF	0800	1079		0800		1065	EDAF-EDAR-LETO-LERT- LEZG-EDAF	0830	

ALL MISSION ITINERARIES SUBJECT TO CHANGE TO MEET PATIENT AIRLIFT REQUIREMENTS.
ALL TIMES LISTED ARE LOCAL AREA TIMES.

* WITH A SCHEDULE 10W1 MISSION, 10T3 DEPARTS RHEIN-MAIN ON SATURDAY
** OPERATES ON AS REQUIRED BASIS.

CURRENT SEP 82

MAC FORM 206

WORLDWIDE C-141 INTERTHEATER AEROMEDICAL EVACUATION SCHEDULE

EUROPEAN THEATER

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

*ALA 7F7
KWRI-LPLA-EDAF

ALA 7F8
EDAF-KADW-KWRI

ALA 7F8
EDAF-KADW-KWRI

PACIFIC THEATER

PLP 552
RPMK-PGUA-PHIK-KSUU

PLP 552
RPMK-PGUA-PHIK-KSUU

*PLP 551
KSUU-PHIK-PGUA-RPMK

CONUS OFF SHORE

*ALA 481
KCHS-MPHO

*PLP X97
KSUU-KTCM-PAEI-PAED

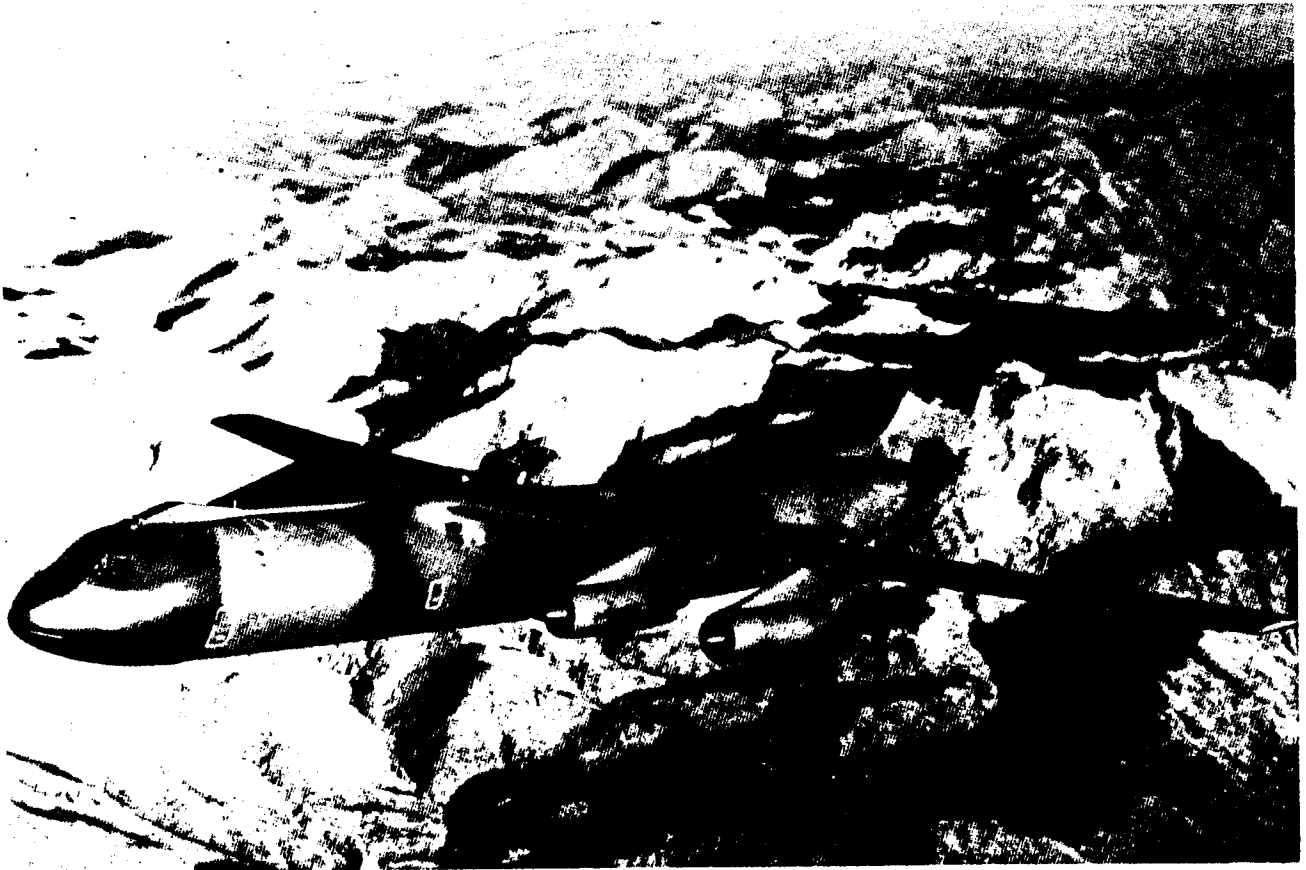
* SCHEDULED EVERY TWO WEEKS.

ALL TIMES ARE SHOWN IN ZULU.

*PLP 883
PAED-PASY-PADK-PAED

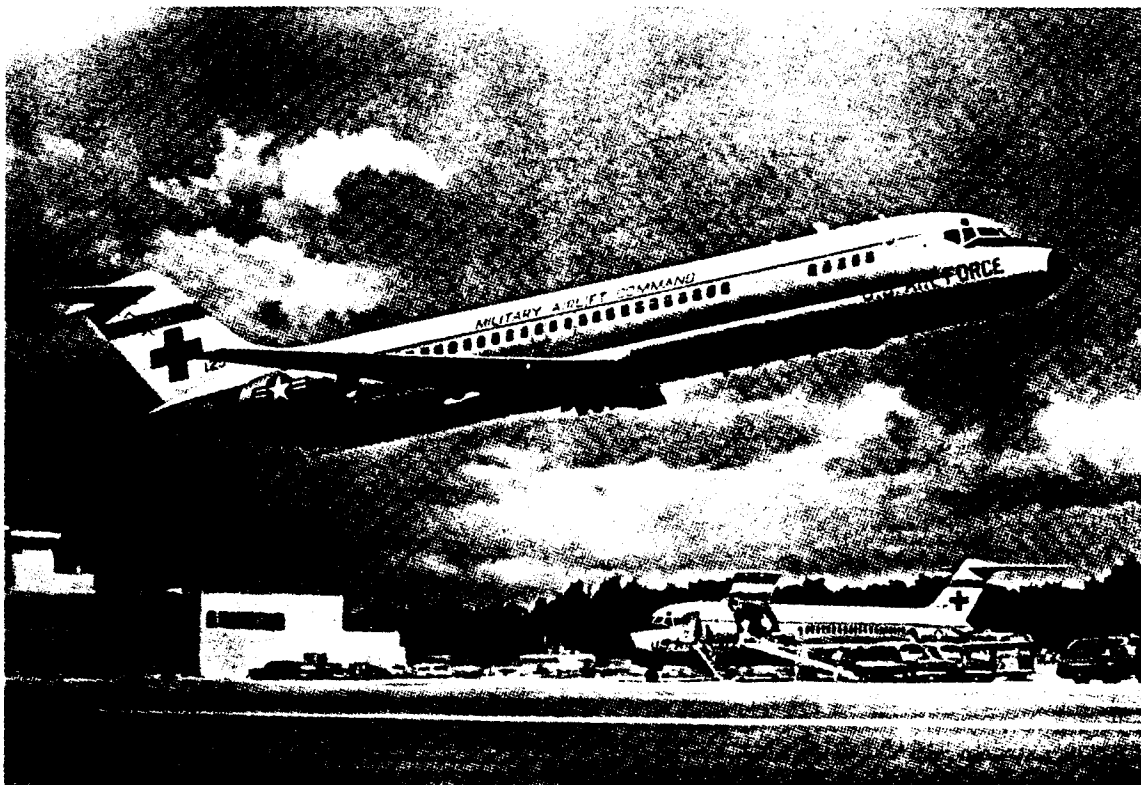
*ALA 7K7
KWRI-BIKF-LPLA

INTERNATIONAL LOCATION INDICATOR (ICAO)	STATION CODE	NAME	LOCATION	INTERNATIONAL LOCATION INDICATOR (ICAO)	STATION CODE	NAME	LOCATION
BIKF	KEF	KEFLAVIK APT	KEFLAVIK, ICELAND	LIRP	PSA	PISA-SAN' GIUSTO APT	PISA, ITALY
EDBB	THF	TEMPHOF APT	BERLIN, GERMANY	LIRN	NAP	CAPODICHINO APT	NAPLES, ITALY
EDAF	FRF	RHEIN-MAIN AB	FRANKFURT, GERMANY	LPLA	LGS	LAJES AB	LAJES, AZORES IS
EDAR	RMS	RAMSTEIN AB	LANDSTUHL, GERMANY	LTAC	ESB	ESENBOGA AB	ANKARA, TURKEY
EDDN	NUE	NURNBERG APT	NURNBERG, GERMANY	LTAG	ADA	INCIRLIK AB	ADANA, TURKEY
EGUN	MHZ	MILDENHALL AB	SUFFOLK, ENGLAND	LTBL	IGL	CIGLI TURAF	IZMIR, TURKEY
EDSF	FEL	FURSTENFELDBRUCK AB	MUNCHEN, GERMANY	MJNR	NRR	ROOSEVELT ROADS NAS	ROOSEVELT ROADS, PUERTO RICO
EDOC	STR	ECHTERDINGEN AFA	STUTTGART, GERMANY	MPHO	HOW	HOWARD AB	BALBOA, PANAMA
HEXX	CWE	CAIRO WEST	CAIRO, EGYPT	MUGM	GAO	GUANTANAMO BAY NAS	GUANTANAMO, CUBA
KADW	ADW	ANDREWS AFB	WASHINGTON, D.C.	MXKF	BDA	BERMUDA NAS	HAMILTON, BERMUDA
KBIX	BIX	KEESLER AFB	BILOXI, MS	OBBI	BAH	BAHRAN INTL	MUHARRAQ, BAHRAIN
KBLV	BLV	SCOTT AFB	BELLEVEILLE, IL	OEDR	DHA	DHAHRAN INTL	DHAHRAN, SAUDI ARABIA
KBKF	BKF	BUCKLEY ANGB	DENVER, CO	PADK	ADK	ADAK IS NAS	ADAK, ALEUTIAN IS, ALASKA
KCHS	CHS	CHARLESTON AFB	CHARLESTON, SC	PAED	EDF	ELMENDORF AFB	ANCHORAGE, ALASKA
KSKF	SKF	KELLY AFB	SAN ANTONIO, TX	PAEI	EIL	ELSOLN AFB	FAIRBANKS, ALASKA
KSUU	SUU	TRAVIS AFB	FAIRCHILD, CA	PASY	SYA	SHENYA AFS	SHENYA, ALEUTIAN IS, ALASKA
KTCM	TCM	MCCHORD AFB	TACOMA, WA	PGUA	UAM	ANDERSEN AFB	GUAM, MARIANAS
KWRI	WRI	MCGUIRE AFB	WRIGHTSTOWN, NJ	PHIK	HIK	HICKAM AFB	HONOLULU, HAWAII
LERT	RTA	ROTA NAS	ROTA, SPAIN	RJFU	NGS	NAGASAKI APT	NAGASAKI, JAPAN
LETO	TOJ	TORREJON DE ARDOZ AB	MADRID, SPAIN	RJOI	IWA	IKAWUNI MCAS	HONSHU, IS, JAPAN
LEZG	ZAZ	ZARAGOZA AB	SANJURJO, SPAIN	RJSM	MSJ	MISAWA AB	HONSHU, IS, JAPAN
LGAT	ATH	ATHINAI APT	ATHENS, GREECE	RJTY	OKO	YOKOTA AB	TOKYO, JAPAN
LGIR	VWH	IRAKLION APT	IRAKLION, CRETE	RKSO	OSN	OSAN AB	OSAN, KOREA
LIGR	BDS	BRINDISI' CASALE APT	CASALE, ITALY	RODN	DNA	KADENA AB	OKINAWA, RYUKYU IS
LICZ	SIZ	SIGNONELLA APT	GERBINI, ITALY	RPMB	CUA	CUBI POINT NAS	LUZON, PHILIPPINES
LIPA	AVB	AVIANO AB	AVIANO, ITALY	RPMK	CRK	CLARK AB	ANGELES, PHILIPPINES
LIPT	VCE	VICENZA	VICENZA, ITALY				



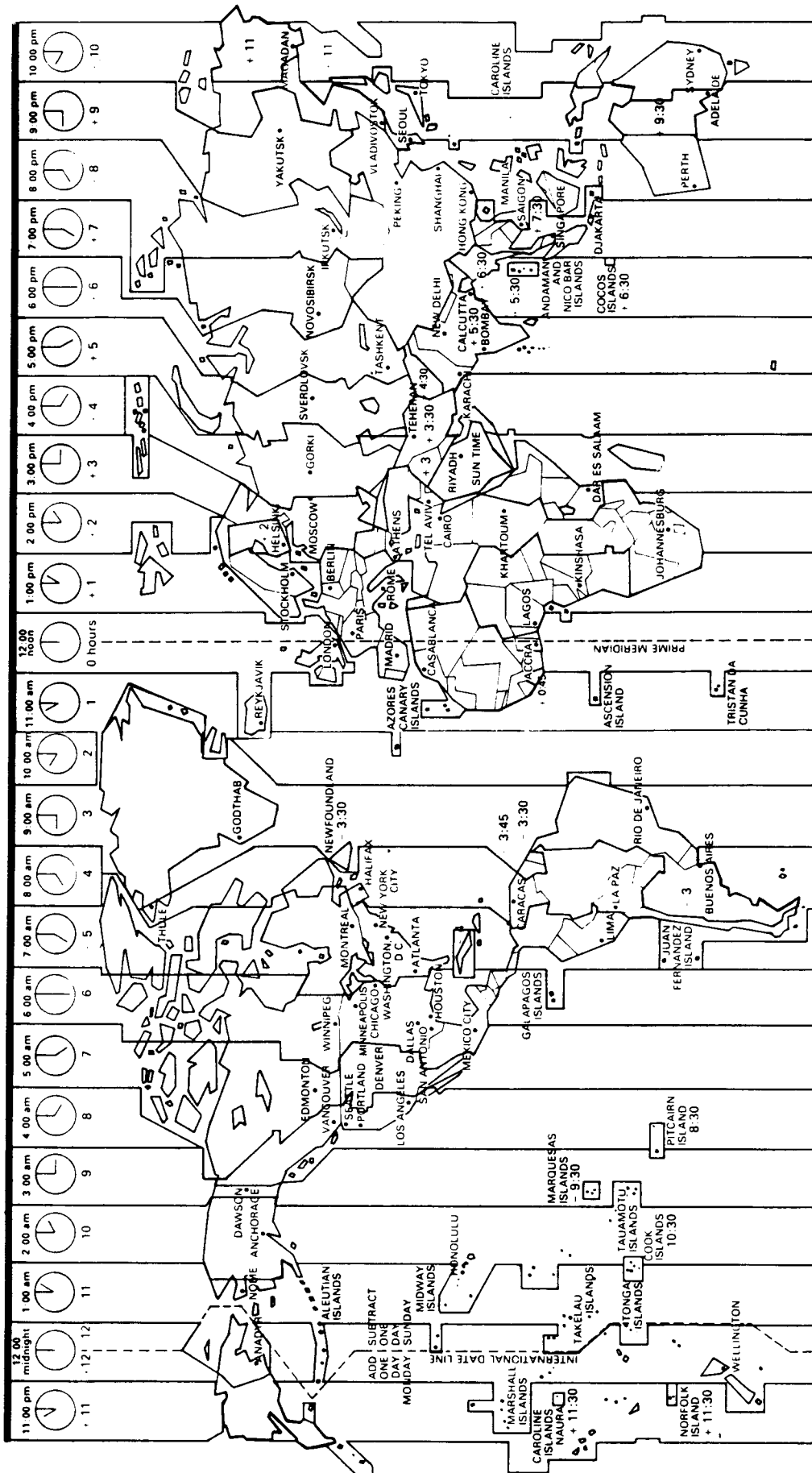
C-141B "STARLIFTER"

PRIMARY FUNCTION:	Cargo and troop transport
PRIME CONTRACTOR:	Lockheed-Georgia Company
POWER PLANT/MANUFACTURER:	Four Pratt & Whitney TF33-P-7 turbofan engines
THRUST:	21,000 lb each engine
DIMENSIONS:	Span 159 ft 11 in; length 168 ft 4 in; height 39 ft 3 in
CARGO COMPARTMENT:	Height 9 ft 1 in; length 93 ft 4 in; width 10 ft 2 in
AVERAGE CRUISE:	489 mph at 33,000 ft (425 TAS)
RANGE:	4,490 miles, unlimited with in-flight refueling
LOAD:	200 troops, 155 paratroops, 103 litter or 146 ambulatory patients and/or attendants, or various combinations of litter and ambulatory patients, 69,925 lb cargo
CREW:	Six (includes 2 loadmasters)
MAXIMUM TAKEOFF WEIGHT:	323,100 lb
STATUS:	Operational



C-9A "NIGHTINGALE"

PRIMARY FUNCTION:	Aeromedical evacuation
PRIME CONTRACTOR:	McDonnell Douglas Corporation
POWER PLANT/MANUFACTURER:	Two Pratt & Whitney JT8D-9A engines
THRUST:	14,500 lb each engine
DIMENSIONS:	Span 93.3 ft; length 119.3 ft; height 27.5 ft
AVERAGE CRUISE:	525 mph at 33,000 ft (455 TAS)
RANGE:	2,500 miles
LOAD:	40 litters or 4 litters and 40 ambulatory or combinations thereof
CREW:	Eight (2 pilots, 1 flight mechanic, 2 flight nurses, and 3 medical technicians)
MAXIMUM TAKEOFF WEIGHT:	108,000 lb
STATUS:	Operational



1. Welcome. Welcome to the aeromedical evacuation system. We in the Military Airlift Command wish to make your trip as comfortable and enjoyable as possible. The same professional care that you receive in a hospital will be given in-flight. Medications and treatment will be administered in accordance with your physician's orders. These will be given as close to schedule as possible, with some variations based on time zone changes and aircraft operations. The following information and travel suggestions will assist you in preparing for your flight and overnight stops at staging facilities.

2. Schedules. Each patient's requirements and medical condition are considered in the mission planning process. Every effort will be made to get you to your destination hospital as soon as possible. However, due to the large number of patients traveling in the aeromedical evacuation system each day, en route stops must be made to enplane and deplane other patients. At times it may be necessary to change the schedule after you are airborne because of weather conditions or the need to divert the aircraft to pick up critically ill patients whose health is in immediate jeopardy. We hope you understand and appreciate the importance of these lifesaving efforts.

3. Overnight Stops. Because of the distance covered and the location of your destination hospital, it may be necessary to remain overnight (RON) at an en-route aeromedical staging facility (ASF) or medical holding facility in which necessary care will be provided. These facilities are located at major originating, transiting, and terminating points in our aeromedical evacuation system. All are within or supported by a major medical facility. Ordinarily, you will be required to remain in the ASF during your stay, and your stowed baggage will not be accessible.

4. Your Medical Crew. The medical crew usually consists of two flight nurses and three medical technicians. These individuals have been trained to provide nursing care in the aircraft environment. They have the knowledge and the equipment to make your trip as safe and as comfortable as possible.

5. The Aircraft. You will be traveling on a C-141 "Starlifter" or a C-9A "Nightingale." See page five. The environmental conditions at altitude tend to be similar for both aircraft. The cabins are pressurized, but the humidity is very low. We encourage you to drink fluids offered during the flight. Since the noise factor is significant, ear plugs are offered and should be worn. The cabins tend to be quite cool at altitude, and a warm outer garment should be carried even in hot weather. The seats face the rear of the aircraft for safety purposes. Seat belts must be securely fastened on takeoffs, landings, and when the "seat belt" light is on. They should be loosely fastened at all other times to protect against unexpected turbulence.

6. Travel Orders. Patients and their attendants traveling in the aeromedical evacuation system must have valid travel orders in their possession. These orders, as a minimum, must include an accounting citation, estimated period of medical treatment, and authorize or stipulate the type of return travel.

7. Consent for Medical Care and Transportation of a Minor. The parent or legal guardian of an unaccompanied minor dependent must execute a DD Form 2239 (Consent for Medical Care and Transportation in the Aeromedical Evacuation System) or power-of-attorney which authorizes medical authorities to transport and treat the minor. Insure that a copy of the DD Form 2239 or power-of-attorney is placed in the minor's medical records.

8. Medications. The originating medical facility is responsible for providing a three-day supply of medications for patients traveling in the CONUS and within overseas theaters. A minimum five-day supply of drugs should be provided for patients traveling from overseas areas to CONUS, unless the terminating point is at the CONUS port-of-entry. In such cases a three-day supply is adequate. Enroute aeromedical staging facilities will provide supplemental medications for the anticipated duration of the flight.

9. Baggage. Baggage is important to any patient or attendant. You are allowed 66 pounds of baggage, including carry-on items. The medical facility commander may authorize up to 100 pounds for active duty military patients, based on individual circumstances. Additional baggage must be shipped by other means. Your baggage will be tagged, and claim checks will be provided by the aeromedical evacuation clerk at your originating hospital. Baggage will be stowed in the cargo compartment of the C-9A or on a pallet in the C-141. Stowed baggage may not have dimensions exceeding 72" in any one direction or 100" overall (length + width + height) and must be sufficiently durable to withstand handling during transportation. TV sets, musical instruments, sports equipment, and related items not in durable containers will not be accepted. Stowed baggage is generally not available to you until you reach your destination hospital. Flammable or volatile items or fluids, such as matches, lighter fluid, and chemicals, should not be packed in your bags. If in doubt, ask your air evac clerk. Place a copy of your orders inside and an identification tag outside each of your bags. Individuals originating overseas should not lock luggage, since it may be checked by customs officials at the first point-of-entry into the United States.

10. Carry-on Items. We suggest that you handcarry a small bag containing any personal items, toilet articles or medication needed in flight or for an overnight stay. Please restrict these bags to one per person and a size which will fit beneath the seat. (8 1/2" X 12" X 20" in a C-9A, 12" X 18" X 36" in a C-141. Note: Measurements may be less when lifevests are stowed beneath the seats.) Coats and hats may be placed on the overhead rack on the C-9A or along the bulkhead on the C-141. Small plants may be handcarried. Please remember that agricultural requirements may prohibit their entry into the host country. Before departing the plane, please check your area for all personal belongings.

11. Security Procedures. All patients, attendants, and baggage must be searched by the originating medical facility or passenger services representative prior to boarding MAC aircraft. This procedure is accomplished for your safety and the security of everyone. Your cooperation will be appreciated.

12. **Valuables.** Crew members cannot be responsible for patient's valuables. Please make arrangements to forward high-value possessions you do not wish to carry. Large sums of money should be converted into money orders or traveler's checks. A small amount of cash should be carried for expenses or purchases at en-route stops.

13. **Meals.** Regular meals are offered on all flights depending on the time of day and amount of air time available to serve the meal. Special diets for specific patients are available when requested by the originating medical facility. There is no charge for inpatients, but outpatients and attendants must pay for meals before the flight at the originating medical facility. Retain your receipt, and give it to a medical crew member prior to meal service. Coffee, juice, and water are available aboard all aeromedical aircraft.

14. **Clothing.** Litter patients will wear hospital pajamas, robe, and slippers. Ambulatory military patients will wear the appropriate service uniform. Fatigues are not normally authorized. Ambulatory nonmilitary patients should wear comfortable clothing appropriate for the season. Recommended items of clothing are slacks, a sweater and/or jacket, and warm socks. High heels are not recommended.

15. **Smoking.** There is no designated smoking area aboard the aircraft. Since medical and nursing needs of the patients dictate seating assignments, we can't meet these needs and also set aside a smoking area. In consideration of nonsmokers, we ask that you minimize your smoking. If you have any objections to someone smoking next to you, please notify a medical crew member. Smoking is not permitted on the flightline or in the aircraft during ground operations or when the "no smoking" sign is illuminated. The smoking of pipes and cigars is prohibited. Please remain in your seat or litter when smoking.

16. **Electronic Equipment.** Radios and other electronic equipment may not be operated during the flight, as they may interfere with aircraft navigation and communications systems. Items acceptable for use include battery-powered cardiac pacemakers, hearing aids, and small battery-operated calculators. If you have any questions, please ask a member of the medical crew.

17. **Flight Insurance.** We are very proud of our outstanding safety record. However, if you desire, flight insurance information is available and may be obtained at your originating medical facility. This is not government sponsored insurance.

18. **Motion Sickness.** If you or your attendants have a tendency towards motion sickness, please inform the medical crew prior to boarding the aircraft or prior to takeoff. Eating a good meal before and during the flight helps prevent motion sickness.

19. **Litter Patients.** Your doctor will determine whether you travel as an ambulatory (walking) or litter patient. Patients requiring the use of crutches will be classified as litter patients. If seats are available, litter patients may be allowed to sit up during flight but must return to litters for deplaning.

20. **Traveling with Children and Infants.**

a. **Children Who are Patients.** The originating hospital will furnish disposable diapers, formulas, baby food, etc. Parents may help with the routine care of the child, but medical personnel are responsible for all medical treatment and overall care.

b. **Children Who are Nonmedical Attendants.** Parents must furnish disposable diapers, formula, baby food, etc. Whole milk is available on the aircraft, and refrigeration is available for special formula items. Parents are responsible for the care of their children.

c. **Premature and newborn infants** requiring a controlled environment and supplemental oxygen are transported in incubators secured to a litter. Healthy newborns and children weighing up to 15 pounds are transported in a cardboard bassinet, with the bassinet secured to a seat next to the attendant or on a litter.

d. **When practical and the attendant desires to hold the child** during any phase of the flight, this can be accomplished by securing a litter strap around the child's waist and threading it through the attendant's seat belt. A small pillow is placed between the child and buckle to avoid trauma.

e. **All Children:** Children should be dressed in zip-type jumpsuits or long pants and long-sleeve shirts. We recommend a change of clothes and a warm outer wrap as well. Hard shoes should be worn by those children who are capable of walking. A favorite teddy bear, blanket, or toys without sharp edges or loose parts can make the trip more enjoyable.

21. **Nonmedical Attendants (NMAs).** A nonmedical attendant must accompany his/her patient to the destination hospital. When required overnight (RON) in the air evac system, you will probably stay in the aeromedical staging facility with the patient you are attending. However, if a bed is not available, you will be required to stay in other government quarters or commercial facilities. Ground transportation for the NMA is provided with the patient from the originating hospital to the aircraft, at en-route stops to and from medical facilities, and to the destination hospital. NMAs are normally responsible for the costs of government meals, lodging (both government and commercial), and commercial transportation. Because there are many different types of travel orders/authorizations, check with the air evac clerk at your medical facility to determine your financial responsibility. The medical crew must be advised prior to flight of any NMA who has any injury or medical problem (cast, diabetes, seizure disorder, special medication needs, etc.) and may require special arrangements. If any special medical problem exists, medical records should be handcarried in case emergency treatment is required.

22. **Destination Hospital.** The aeromedical evacuation system does not determine the destination medical facility of the patients. It functions as the transportation element and cannot change the destination hospital of any patient except when emergency treatment is required. The destination hospital of each inpatient is determined by the Armed Services Medical Regulating Office (ASMRO). The following considerations determine the destination hospital:

a. The type of medical care or specialized treatment required by the patient.

b. The availability of beds at hospitals which provide the required care.

c. The place of residence of family or next-of-kin.

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23. Procedures at Port-of-Entry from Overseas..

a. If your destination hospital is not in the vicinity of the port-of-entry, you may remain overnight in the aeromedical staging facility (ASF) or medical holding facility operated by the Air Force or Army at Travis AFB, California; Andrews AFB, Maryland; Ft. Dix, New Jersey; Clark AB, Philippines; USAF Hospital Wiesbaden, Germany; Frankfurt Army Hospital, Germany; or Lajes AB, Azores, before continuing to your destination hospital.

b. If you ship an automobile from overseas to the United States, you should make arrangements for a later pickup, or arrange for pickup by a friend or with a local transport agency. Water ports are quite distant from aerial ports, and passes will not be granted for pickup of vehicles.

c. Customs. Patients and attendants arriving from an overseas area will normally clear customs at the first port of entry into the United States. Customs declaration forms must be completed by everyone on board prior to landing. Your flight crew will assist you in this procedure. Customs officials may wish to check carry-on and/or stowed baggage. Patients traveling in the overseas areas can expect customs checks in most of the transited countries.

d. Passports and Visas. Movement within the air evac system often involves international border crossing. As such, there are certain requirements that patients and attendants must meet. Remember to check the Foreign Clearance Guide for specific requirements of individual countries. The following outline can be used as a guide only in determining what is needed by whom:

(1) US Military Personnel on active duty possessing military identification do not normally require a passport.

(2) US Military Dependents who are US citizens require:

- (a) Passport
- (b) Visa when applicable
- (c) Entry/exit permit - Philippines only

(3) Residents of the US but who are not US citizens to include US military dependents require:

- (a) Passport
- (b) Valid alien registration card
- (c) I-94 form

(4) Foreign Nationals to include US military dependents require:

- (a) Passport
- (b) Immigration visa

International Certification of Vaccination, PHS Form 731, is not a mandatory requirement, but is encouraged.

e. Agriculture. Fruits, vegetables, fresh meats, dairy products, and plants from outside the 50 states are prohibited entry into the United States by the US Department on USAF aircraft.

24. Information for Overseas Patients.

a. Alaska. Elmendorf AFB is the departure point for patients originating in Alaska. Flying times to McChord AFB, Washington, and Travis AFB, California are approximately 3 1/2 and 4 1/2 hours respectively.

b. Philippine Islands, Guam and Hawaii. Patients are airlifted from the above areas to Tripler AMC, Honolulu, Hawaii, and to Travis AFB, California. Flying times range from 5 to 17 hours depending on departure points, routing, and weather conditions. Patients whose destinations are other than the San Francisco/Travis area will RON at the Travis ASF to await further transportation.

c. Patients traveling within Europe who are required to RON, will stay at a medical holding facility at either USAF Hospital Wiesbaden or 97th General Hospital in Frankfurt to await further transportation.

d. Germany. Patients departing from Germany fly directly to Andrews AFB, Maryland. These flights average about 10 hours. Patients whose destinations are other than the Washington, DC, area will RON at the Andrews ASF to await further transportation.

e. Panama and Bermuda. Patients departing Panama and Bermuda whose destinations are other than the Washington, DC, area will RON at Andrews AFB, Maryland, to await further transportation. Flying time from Panama to Bermuda is approximately 4 1/2 hours and from Bermuda to Andrews 2 1/2 hours.

f. Korea and Japan. Normally patients are routed so that they do not have to remain overnight in Japan. Occasionally, however, patients will remain overnight at Yokota AB, Japan, before reaching their destination hospital or continuing to Clark AB to interface with their flight to CONUS.

g. Keflavik and Lajes. Patients originating from Keflavik are scheduled thru Lajes Field, Azores, where they will remain overnight. Flying time is approximately 4 1/2 hours from Keflavik to Lajes and 6 1/2 hours between Lajes and Andrews AFB, Maryland. Patients whose destinations are other than the Washington, DC, area will RON at Andrews AFB to await further transportation.

h. Guantanamo and Puerto Rico. Patients whose destinations are Guantanamo and Puerto Rico will depart from Scott AFB, IL. Flying time is approximately four hours to Guantanamo. Patients departing Guantanamo and Puerto Rico whose destinations are other than the Washington, DC, area will RON at Andrews AFB, Maryland, to await further transportation. Flying time from Guantanamo to Puerto Rico is approximately two hours and from Puerto Rico to Andrews AFB 4 1/2 hours.

25. Patient Reaction Survey. Please complete the attached Patient Reaction Survey so that we may evaluate our service. Your comments concerning your in-flight care will allow us to identify those individuals deserving special recognition and also bring any discrepancies to our attention.

We hope that we have provided you courteous, professional care, and that your condition will steadily improve.

PATIENTS are not CARGO
PATIENTS are not PASSENGERS
PATIENTS ARE PATIENTS

YOUR COMMENTS ABOUT THE MILITARY AIRLIFT
COMMAND AEROMEDICAL EVACUATION SERVICE
ARE APPRECIATED.

PATIENT REACTION SURVEY

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 8012

PRINCIPAL PURPOSES: To improve the Military Airlift Command Aeromedical Evacuation System.

ROUTINE USES: The comments, suggestions, etc., submitted by patients/passengers will be evaluated and used to correct any deficiencies or to document outstanding service rendered the patient/passenger.

DISCLOSURE IS VOLUNTARY: Providing your name and home address (when used) will give us an opportunity to follow up on your contribution and furnish you a response, if possible.

To Our Patients:

Welcome to the Military Airlift Command (MAC) Aeromedical Evacuation System. Every effort is being made to give you a comfortable, safe flight with the best possible personalized inflight medical and nursing care. You are our best judge.

When you suggest improvements or point out our deficiencies, you help our patients on future flights.

If an individual or group has been outstanding in taking care of you, please identify by name. Recognition of excellent work assures continued good patient care.

DATE (Year, Month, Day)

FLIGHT NUMBER

ORIGINATING HOSPITAL

DESTINATION HOSPITAL

NOTE: This form may be given to a member of your medical crew, or mailed.

COMMENTS

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

NAME (Optional)

GRADE.

ADDRESS (Include ZIP Code)

POSTAGE IS REQUIRED

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RETURN ADDRESS

PLACE
STAMP
HERE

 (Fold Here)

 (Fold Here)

WHERE TO FORWARD YOUR COMMENTS CONCERNING THE AEROMEDICAL EVACUATION SERVICE YOU RECEIVED:

Aeromedical Evacuation Mission Number	Abbreviated Itinerary	Aeromedical Evacuation Unit Address
2LA XXXX ALA 07F8	All C-9A Mans in Europe Rhein-Main to CONUS	2AES APO NY 09057
7LP XXXX PLP 0552	All C-9A Mans in Pacific Area Clark to Guam to Hawaii to Travis	9 AES APO SF 96274
FLF XXXX ALA 07F7 PLP 0551	All C-9A Mans in CONUS McGuire to Lajes to Rhein-Main Travis to Hawaii to Guam to Clark	57 AES Scott AFB IL 62225
ALA 07K7 ALA 07K8 ALA 0481 ALA 0482 PLP 0X97 PLP 0X98 PLP 0893 PLP 0894	McGuire to Keflavik to Lajes Lajes to Andrews to McGuire Charleston to Panama Panama to Bermuda to Andrews West Coast to Elmendorf Elmendorf to West Coast Elmendorf to Adak Adak to Elmendorf	375 AAW/SGO Scott AFB IL 62225

Your comments to the AE unit listed above that provided your service will let them take immediate action. If you feel we should know about a particular item, send a copy of your comments to:

HQ MAC SGRO
Scott AFB IL 62226